CLAIMS ONLY

Application Number	Filing Date
Applicant(s)	

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
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47		/				
48		/				
49		/				
50		/				
Total Indep						
Total Depend						
Total Claims						

	Indep	Depend	Indep	Depend	Indep	Depend
51		/				
52		/				
53	/					
54		/				
55		/				
56		/				
57		/				
58		/				
59	/					
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Total Indep						
Total Depend						
Total Claims						